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NC Mental Health Legislative Oversight Committee

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On April 29, 2002, President George Bush announced the creation of the New Freedom Commission on Mental Health to study the problems and gaps in our nation's mental health system and to make concrete recommendations for improvement in mental health care in our country at the national, state, and local levels. The Commission's Final Report submitted on July 22, 2003 to the President included as part of its recommendations to 'involve consumers and families fully in orienting the mental health system toward recovery' (Goal 2.2, pg. 9, Final Report, Achieving the Promise: Transforming Mental Health Care in American, July, 2003).

The reason that NC needs to fully involve consumers in all aspects of the design, public policy decisions, and implementation of our state's policy decisions is not to make us as mental health consumers feel important because we are invited to the table or to simply make us feel good because we are a part of the system. The reason that the NC Division of MH/DD/SAS and our LME's need to fully involve consumers in the planning and design of our system is because we as mental health consumers understand the concept of recovery and how to help other mental health consumers with recovery. As mental health consumers, we, above all others, can better understand what mental health services are appropriate and which are not and how these services can impact our lives for the better (or worse). We, above all others, know where the service gaps exist in our local communities and we often know who and who is not being served by our publicly funded system. When the NC Division of MH/DD/SAS and our local LME's fully utilize our knowledge and experience as mental health consumers, satisfaction rates are generally higher and utilization rates often drop at the local/state level. When the NC Division of MH/DD/SAS and our local LME's have failed to include us as part of their planning and design of the state/local mental health system, recidivism and hospital admissions usually rise and complaints regarding the mental health system are often voiced to you as our duly-elected public officials. Incarceration rates of mental health consumers often rises, with the end-result of higher taxes to the public, not to mentioned the untold suffering that many individuals have needlessly experienced by being unnecessarily incarcerated if they had only received the necessary mental health services/supports before coming into contact with our state's judicial system.

In the last few years, I have had the good fortune of receiving funding to travel across our country and attending national mental health conferences from CMHS (Centers of Mental Health Services)/SAMHSA (Substance Abuse Mental Health Services Administration) of the US Department of Health and Human Services. I

have also written conference reports back to staff at CMHS/SAMHSA. I have noted that almost without exception, there is always a direct correlation of success between the state's mental health system and the involvement of mental health consumers of that state. To be more specific, the higher the involvement that the state/local mental health agencies have from their mental health consumers, the higher the outcome measures are reported, higher satisfaction rates are reported back from users of the system, and utilization rates/recidivism drops.

However, we don't need to look any further back than to our own state to see this concept at work. LME's that have made mental health consumers a part of their local process are the LME's that are reporting the most success stories right now. The Durham Center, who some have referred to as the model LME in NC, has made an all-out effort to make community inclusion a high priority, with the end result that higher satisfaction rates are now being reported than were several years ago when consumer/community inclusion perhaps was not happening. Both the Piedmont LME and the Neuse LME, having received state grant dollars, have started consumer-peer run services that have helped many consumers in crisis, at a fraction of the cost if these individuals would have been hospitalized at one of our state's psychiatric facilities.

By contrast, the areas of our states that are reporting the most problems generally have little genuine input from their consumers. The local CFAC is generally hand-picked by the Board/Director, with the local CFAC generally never disagreeing with the local LME. The local CFAC is not involved in policy-making decisions or what the future design of the mental health system should look like in their local area. Other consumers who have not been invited to be a part of their local CFAC and who know about what the local problems are generally do not speak up because of fear of retaliation from their LME.

At this point, I would like to give, hopefully, some constructive steps on what you, as members of the NC Mental Health Legislative Oversight Committee, can take in order for us to have a more uniform, fully-functioning mental health system again in our state.

1. Identifying dollars for peer-run services. It has often been shown by empirical data in our country that peer-run services by mental health consumers have higher outcomes and satisfaction rates, at a fraction of the cost than it would have cost had it been done by the traditional mental health system. I would like to give two different examples of how this is currently working in our state:

A.. There are many consumers (some of whom are in the audience today) who have graciously given of their time and resources as part of the NC Mental Health Consumer's Organization who have started local support groups where they help other consumers find needed friendship and support. In a more personal experience, in 1995, I was personally able to start a consumer-run

activity/support group with the help of my local mental health area program (then known as the Lenoir MH/DD/SAS Area Program, now dissolved) at no cost to the state or my county (Lenoir).

B. Making Systems Transformation Work is a project that has been started by NC Council of Community Programs that will help six consumer-run services get started in this state. Initial funding has been graciously initially given by the NC Council on Developmental Disabilities and also through some funds identified from the NC Attorney General's Office. These six consumer-run projects are receiving extensive training and technical assistance, with the end goal of fundraising to help sustain these projects in the upcoming years.(For more information regarding the Making Systems Transformation Work Project, you can contact Michael Owens of the NC Council of Community Programs)

To the extent that you as legislators can also help find state legislative dollars, help the NC Division of MH/DD/SAS identify block grant money sent down from the federal government to fund these peer-run support groups, or from help find private donors to help fund consumer/peer run projects in the future, we can start to creatively find a way to serve all of our state's citizens and residents in the future who will need mental health services.

2. Holding the NC Division of MH/DD/SAS Accountable. I have no doubt, that most all of the staff at the NC Division of MH/DD/SAS work hard and the vast majority sincerely want to see our state's citizens and residents receive the mental health services that they need. However, more is needed than being sincere. Here are a couple of examples of how I believe that you as members of the Legislative Oversight Committee can hold Division Staff accountable:

A. The LOC can continue to ask Division Staff to what extent that they are using us as mental health consumers to plan and implement future mental health services. How many consumers is the NC Division of MH/DD/SAS using to write its version of State Plan 2006? Are they continually taking input from only a small, hand-picked number of consumers or are they continually trying to reach out to other consumers who they have not traditionally favored to get a more well-rounded source of input?

B. The LOC can insist that the NC Division of MH/DD/SAS hold accountable LME's who are not seriously taking their duty to transform our mental health delivery system of care that will work here in NC for the 21st century. In my own experience in working with the Division, this has not always been the case. In particular, the NC Division of MH/DD/SAS Staff Leaders at the Customer and Advocacy Services must continually be questioned if they are fulfilling its role in making sure that our LMEs are taking and receiving meaningful input from consumers into the design and implementation of the local service system.

In conclusion, I would like to say that we as mental health consumers do not

have all of the answers to our current mental health crisis in this state. However, I am quite confident that we are one piece of the puzzle that is very much needed to again return NC to having a functional mental health system. In order to have a mental health system that is able to reach all of our state's citizens and residents who will need services in the future, we as mental health consumers are going to need to be used a vital part of this state's system. Traditional mental health services and professionals are always going to be needed and a part of our state's mental health service delivery. However, with an ever shrinking budget at the national, state, and local levels, creative thinking is going to be needed in order to meet everyone's mental health needs in the future. With our own experience of recovery and knowledge of the mental health system, we as mental health consumers can play a vital role in the success of mental health system in the future.